

JIM FRITZ'S

2010 WINNING EDGE LACROSSE CAMP APPLICATION

(Please type or print clearly)

Mail to: 12204 Old Timber Rd., Charlotte, NC 28269 After the July 6th please call to reserve a spot.

Applications must be received by July 9th and be accompanied by a non-refundable deposit.

(\$100 Day/\$150 Overnight)

Make Check to: **Queens University**

Balance is due by arrival. **Early application is recommended as enrollment is limited.**

July 11-15 Overnight Camper (\$475) _____

July 12-16 Day (Commuting) Camper (\$285) _____ 9am -5 PM

July 12-16 Beginner Camper (\$140) _____ 9 am- 12 pm

Name: _____ Age: _____

School: _____ Position: _____

Years Experience: _____

Mailing Address:

City _____ State: _____ Zip: _____

Parent's Names: _____

Phone#: (_____) _____ - _____

E-Mail Address: _____

Roommate Preference (if any): _____

T-Shirt size(Circle One): M L XL (Adult sizes) I am applying as (Check One):

FOR THE PARENT TO COMPLETE:

I certify that the applicant is in good health and may take part in full camp program. Following, if applicable, are any exceptions, along with a list of allergies or sensitivities to medication (especially penicillin). Attached is any other vital medical information.

By my signature below, I hereby authorize the camp physician to proceed with emergency medical treatment, x-rays, anesthesia, surgical operations, etc., in case of an accident or health emergency involving my son, with the understanding that the camp director will contact me or the designated person as soon as possible. **(Required by insurance and area hospitals). I acknowledge that my child is applying to this camp and give my approval to this application and to the provisions stated above.**

Parent's Signature _____ Date: _____

Person to be contacted during the period camper is at Camp, in case of an emergency:

Name: _____ Relationship: _____

Day phone:(_____) _____ - _____ Night phone:(_____) _____ - _____

Special Medical Instructions: